

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 8641	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Ronald J. Rabideau P.O. Box, Bldg., Room No., if any 277 Street 149 Quarry Hill Road City South Barre State Vermont ZIP Code + 4 05670-0277	4. Name, file number, and address of labor organization. Name Chautauque Teamsters, Warehouse men and Helpers Union No. 597 Labor Organization File Number 018-732 P.O. Box, Building and Room Number, if any 277 Street 149 Quarry Hill Road City South Barre State Vermont ZIP Code + 4 05670-0277
5. Position in labor organization. Principal Officer Secretary Treasurer	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

0

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Ronald Rabideau

On

Date

8/11/2005

Telephone Number

802-476-4159

Name of Person Filing <b>Ronald T. Rabideau</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>Northern New England Benefit Trust</b></p> <p>Trade Name, if any: <b>None</b></p> <p><u>P.O. Box</u> Bldg., Room No., if any <b>4604</b></p> <p>Street <b>Goffstown Road</b></p> <p>City <b>Manchester</b></p> <p>State <b>NH</b> ZIP Code + 4 <b>03108</b></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <b>Northern New England Benefit Trust</b></p> <p>Trade Name, if any:</p> <p><u>P.O. Box</u> Bldg., Room No., if any <b>4604</b></p> <p>Street <b>Goffstown Road</b></p> <p>City <b>Manchester</b></p> <p>State <b>NH</b> ZIP Code + 4 <b>03108</b></p>	<p>11.a. Nature of such dealing.</p> <p style="font-size: 1.2em;"><b>Trustee on Health Plan</b></p> <hr/> <p>11.b. Approximate dollar value of such dealing. <b>\$ 2408.71</b></p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p style="font-size: 1.2em;"><b>Reimbursement of expenses for travel, meals, lodging and rental car for Fund meetings and educational training seminars</b></p> <hr/> <p>12.b. Amount. <b>Same as above (2408.71)</b></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment. <b>0</b></p>